

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 8-1-01.
 - b. The request was received on 7-31-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. UB-92
 - c. EOB and example EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. UB-92s
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 9-9-02. The insurance carrier did not submit a response to the additional information. However their three (3) day response is reflected in Exhibit II of the Commission's Case File.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 8-29-02:

"We are appealing the amount disallowed on the above mention [sic] claim. These charges are for **FACILITY FEES**, not professional fees. We feel that 31% paid on a right shoulder scope with extensive debridement is not fair or reasonable....Even though there is no real definition in the TWCC rules that defines 'fair and reasonable', we feel our facility fees are 'fair and reasonable' as outlined in the Texas Labor Code. Our facility's methodology is to bill only the supplies, medications, equipment, procedure

room/operating room and recovery room time that were used during the surgery/procedure...(Carrier) has unfairly reduced our bill when other workers' compensation carriers have established that our charges are fair and reasonable because they are paying 85%-100% of our billed charges.”

2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 8-1-01.
2. No denial code was noted on the EOB.
3. The Requestor billed the Respondent \$7,267.63.
4. The Respondent paid \$2,236.00.
5. The Requestor is seeking additional reimbursement of \$5031.63.

The services provided by the Requestor include such items as anesthesia and lab services, pharmaceutical products, medical and surgical supplies, sterile supplies and EKG.

V. RATIONALE

Medical Review Division's rationale:

The medical documentation indicates the services were performed at an ambulatory surgical center. Pursuant to Rule 133.307 (g) (3) (D), the requestor must provide “...documentation that discusses, demonstrates and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement ...” The provider has submitted additional reimbursement data: example EOBs from other carriers for charges billed for the same or similar procedure.

Per Rule 133.304 (i), “When the insurance carrier pays a health care provider for treatment(s) and/or service(s) for which the Commission has not established a maximum allowable reimbursement, the insurance carrier shall:

1. develop and consistently apply a methodology to determine fair and reasonable reimbursement amounts to ensure that similar procedures provided in similar circumstances receive similar reimbursement;
2. explain and document the method it used to calculate the rate of pay, and apply this method consistently;
3. reference its method in the claim file; and
4. explain and document in the claim file any deviation for an individual medical bill from its usual method in determining the rate of reimbursement.”

The response from the carrier shall include, per Rule 133.307 (j) (1) (F), “.... if the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 413.011 and §133.1 and 134.1 of this title;”.

No denial code was noted on the carrier’s EOB. However ASC services are to be reimbursed at a fair and reasonable fee. The Carrier has failed to support that their \$2,236.00 reimbursement reflects a fair and reasonable reimbursement.

Due to the fact that there is no current fee guideline for ASCs, the Medical Review Division has to determine, based on the parties’ submission of information, who has provided the more persuasive evidence of what is a fair and reasonable rate. As the requestor, the health care provider has the burden to provide documentation that “...discusses, demonstrates, and justifies that the payment being sought is fair and reasonable rate of reimbursement....” pursuant to TWCC Rule 133.307 (g) (3) (D). The requestor has provided some documentation to support their position that the amount billed is fair and reasonable. The Respondent has failed to comply with Rule 133.304(i). Therefore, additional reimbursement of **\$3,941.49** is recommended. The example EOBs reviewed reflected an average reimbursement of 85% of the billed amount. (\$6,177.49 represents 85% of the billed amount - \$2,236.00 already paid = \$3,941.49).

REFERENCES: The Texas Workers’ Compensation Act & Rules: Sec 413.011 (d); Rule 133.304 (i); Rule 133.307 (g) (3) (D), and (j) (1) (F); Rule 134.401 (a) (4).

The above Findings and Decision are hereby issued this 08th day of April 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$3,941.49** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 08th day of April 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division